

## CRITERIA FOR PRIOR AUTHORIZATION

## Antidepressant Medications – Safe Use for All Ages

<b>PROVIDER GROUP</b>	Pharmacy
<b>MANUAL GUIDELINES</b>	The following drugs (all strengths and dosage forms) require prior authorization as outlined in the criteria below:

<b>Amitriptyline</b> (Elavil®)	<b>Maprotiline</b>
<b>Amoxapine</b>	<b>Milnacipran</b> (Savella®)
<b>Bupropion</b> (Forfivo® XL, Wellbutrin®, Wellbutrin® SR, Wellbutrin® XL)	<b>Mirtazapine</b> (Remeron®)
<b>Citalopram</b> (Celexa®)	<b>Nefazodone</b>
<b>Clomipramine</b> (Anafranil®)	<b>Nortriptyline</b> (Pamelor®)
<b>Desipramine</b> (Norpramin®)	<b>Paroxetine</b> (Paxil®, Paxil CR®, Pexeva®)
<b>Desvenlafaxine</b> (Khedezla®, Pristiq®)	<b>Phenelzine</b> (Nardil®)
<b>Doxepin</b> (Silenor®)	<b>Protriptyline</b> (Vivactil®)
<b>Duloxetine</b> (Cymbalta®)	<b>Selegiline</b>
<b>Escitalopram</b> (Lexapro®)	<b>Sertraline</b> (Zoloft®)
<b>Fluoxetine</b> (Prozac®, Prozac Weekly®)	<b>Tranylcypromine</b> (Parnate®)
<b>Fluvoxamine</b> (Luvox®, Luvox CR®)	<b>Trazodone</b>
<b>Imipramine</b> (Tofranil®, Tofranil® PM)	<b>Trimipramine</b> (Surmontil®)
<b>Isocarboxazid</b> (Marplan®)	<b>Venlafaxine</b> (Effexor®, Effexor XR®)
<b>Levomilnacipran</b> (Fetzima®)	<b>Vilazodone</b> (Viibryd®)
	<b>Vortioxetine</b> (Trintellix®)

## CRITERIA FOR PRIOR AUTHORIZATION FOR ANTIDEPRESSANTS MEDICATIONS:

- **MULTIPLE CONCURRENT USE:**
  - Each of the following criteria for multiple concurrent use will require prior authorization:
    - For patients **< 13 years of age**, two or more different antidepressants used concurrently for greater than 60 days (excluding mirtazapine and/or trazodone used as sleep aids)
    - For patients **≥ 13 years of age**, three or more different antidepressants used concurrently for greater than 60 days (excluding mirtazapine and/or trazodone used as sleep aids)
    - Two or more different selective serotonin reuptake inhibitors (SSRIs) used concurrently for greater than 60 days (defined in table 1)
    - Two or more different serotonin norepinephrine reuptake inhibitors (SNRIs) used concurrently for greater than 60 days (defined in table 2)
    - Two or more different tricyclic antidepressants (TCAs) used concurrently for greater than 60 days (defined in table 3)
  - Prior authorization will require written peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer if unable to approve written request.

**LENGTH OF APPROVAL:** 12 months

**RENEWAL CRITERIA:** Patient is stable and has been seen in the past year.

## APPROVED PA Criteria

**TABLE 1. SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)</b>
Citalopram (Celexa®)
Escitalopram (Lexapro®)
Fluoxetine (Prozac®, Prozac Weekly®)
Fluvoxamine (Luvox®, Luvox CR®)
Paroxetine (Paxil®, Paxil CR®, Pexeva®)
Sertraline (Zoloft®)

**TABLE 2. SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**

<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)</b>
Desvenlafaxine (Khedezla®, Pristiq®)
Duloxetine (Cymbalta®)
Levomilnacipran (Fetzima®)
Milnacipran (Savella®)
Venlafaxine (Effexor®, Effexor XR®)

**TABLE 3. TRICYCLIC ANTIDEPRESSANTS (TCAs)**

<b>TRICYCLIC ANTIDEPRESSANTS (TCAs)</b>
Amitriptyline
Amoxapine
Clomipramine (Anafranil®)
Desipramine (Norpramin®)
Doxepin
Imipramine (Tofranil®)
Imipramine Pamoate (Tofranil® PM)
Nortriptyline (Pamelor®)
Protriptyline (Vivactil®)
Trimipramine (Surmontil®)

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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DATE

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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DATE